

Sipuleucel-T



Included Products: Provenge (Sipleucel-T)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 07/14/2011

Revised: 09/11/2014

Reviewed: 09/11/2014

Updated: 09/22/2021

Cancer

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis of asymptomatic or minimally symptomatic hormone refractory metastatic prostate cancer?	Continue to #2.	Do not approve.
2.	Does the member meet any of exclusion criteria listed below?	Do not approve.	Continue to #3.
3.	Does the member have a testosterone level of less than 50 ug or below lowest level of normal?	Continue to #4.	Do not approve.
4.	Does the member have evidence of tumor progression while on hormonal therapy?	Continue to #5.	Do not approve.
5.	Is the request for treatment with Provenge alone (no other simultaneous chemotherapy or other immunosuppressive therapy)?	Continue to #6.	Do not approve.
6.	Approve 3 infusions for lifetime.		